

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Terrence W. Schmidt

Applicants: Terrence W. Schmidt et al.

Title: VESSEL WITH A MULTI-MODE HULL

Serial No.: 10/712,786

Confirmation No.: 7807

Filing Date: November 12, 2003

Examiner: Olson, Lars A.

Group Art Unit: 3617

Attorney Docket No.: 1934-9-3

**TRANSMITTAL LETTER**

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this communication, and any document being attached hereto,

☒ is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

☐ is being transmitted via facsimile to \_\_\_\_\_

on this 12<sup>th</sup> day of December 2006.

  
Stephanie Cox

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

\_\_\_\_\_ The fee has been calculated as shown below:

X  No additional claim fee is required.

Computation of Fee  
For Claims as Amended

	<u>Claims Remaining After Amendment</u>		<u>Highest Number Previously Paid for</u>		<u>Present Extra</u>	<u>Rate</u>	<u>Addl. Fee</u>
Total Claims	27	Minus	21	=	6 x	\$50/\$25 =	\$300.00
Independent Claims	9	Minus	3	=	6 x	<u>\$200</u> /\$100 =	\$1200.00
Total additional fee for this amendment							\$1700.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

XX Check No. 26950 in the amount of \$1700 for the additional claim fee is enclosed.

XX Supplemental Information Disclosure Statement and PTO-Form 1449.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

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